Format for ANSWERING REVIEWERS

September 25, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4881-revision.doc).

Title: Sphincterotomy by Triple Lumen Needle Knife in Patients with Billroth II gastrectomy

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 4881

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Nine or eight ?
I made serious mistake. Nine is correct. Initially we found 8 patients retrospecively, but we knew missing patient. Adding one patient, we made a mistake. I'm very sorry for confusing.

(2) Large sphincterotomy or papillotomy? Length ?
We cutted of the sphincter to the upper margin of the papillary roof, not hooding fold.
Small sphincterotomy means cutting of the sphincter or muscle that lies at hooding fold.
Large sphincterotomy, which means cutting of the sphincter or muscle that lies at the intramural bild duct(IMBD), the margin of the papillary roof.
So I think our sphincterotomy is large sphincterotomy.
The length is not the same for everybody, average is about 15 mm.

(3) One endoscopist ? The evidence of the conclusion ?
I agree with your opinion. One endoscopist is not sufficient. I hope that more endoscopists will show this results. I only suggest this technique seems to be effective and easy.
We added "Further studies may be done to compare the saftey and efficacy of guide wire using sphincterotomy by triple-lumen needle knife to confirm out findings." in discussion.

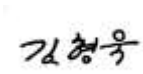
(3) Fail ?
I excluded "previous EST procefure (n=5), failure to reach major papilla (n=4) and needle knife fistulotomy due to difficult cannulation (n=2)".
The patients who failure to reach major papilla (n=4) are those who we tried ERCP through forward viewing endoscopy, but we did not arrive major ampulla due to acute angulation, distant location and so on. ERCP is failed only 4 cases because of failure to reach major papilla (n=4). There are 2 cases of using needle knife. Due to difficult cannulation, we had fistulotomy by classic needle knife (n=2).
Success rate of ERCP and this technique is 64% (16/20) and 100% (9/9), respectively
Success rate of our technique is calculated in case of triple lumen needle knife after cannulation.

(4) Small size? No control group?
We feel the lack of control group. Our hospital is a tertiary referral centre, but we experienced only 20 cases who underwent ERCP in patients with B-II gastrectomy for 2 years. Because of small size, there are no control group.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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